



BUREAU OF AUTOMOTIVE REPAIR
LICENSING UNIT
P.O. BOX 989001
WEST SACRAMENTO, CA 95798-9001



MCI

ACH DEBIT TRANSACTION AUTHORIZATION FORM**INSTRUCTIONS:**

1. Submit completed form to the Licensing Division at the above address.
2. If you have any questions, call MCI at 1(800)731-SMOG.
3. **IF ANY INFORMATION IS OMITTED, THIS FORM WILL BE RETURNED TO YOU FOR COMPLETION.**

For Department Use Only

Old Station License # _____

New Station License # _____

ARD # _____

Please type or print legibly

| | | | | |
|---|--|--|---|--|
| Station Name: <small>As listed on Automotive Repair Dealer Registration</small> | | | | |
| Business Address: <small>Number and Street</small> <small>City</small> <small>State</small> <small>Zip Code</small> | | | | |
| Business Area Code and Telephone Number: () | | | Business Area Code and Fax Number: () | |
| List the BAR 90 TAS/BAR 97 EIS unit number of ALL units at the station: <i>Attach additional sheet if necessary</i> | | | | |
| BAR 90 TAS/BAR 97 EIS Unit Number: | | | | |
| BAR 90 TAS/BAR 97 EIS Unit Number: | | | | |
| BAR 90 TAS/BAR 97 EIS Unit Number: | | | | |
| <p>I want to order smog certificates through my TAS/EIS Unit. <i>Check one only</i> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES is checked, I hereby authorize MCI to initiate automated debit entries to the checking account and financial institution listed in this authorization form upon MCI's receipt of an electronic smog certificate order. I understand that fifty (50) certificate numbers will be ordered at a time and the amount to be debited from the account will be the total cost for fifty (50) smog certificates. I understand that we are responsible to cover the total amount of the authorized debit. I understand I may ALSO order smog certificates by mail at any time.</p> <p>If NO is checked, I understand I will not be able to order smog certificates through my TAS/EIS unit. I understand I will have to order smog certificates by mail and I must pay for each order by check or money order. The mail order processing time is approximately two (2) weeks.</p> <p>Authorized Signature _____ Date _____</p> <p>Name _____ Title _____</p> | | | | |

CHECKING ACCOUNT INFORMATION*This section must be completed if you checked "YES, I want to order smog certificates through my TAS/EIS unit."*

| | | | | |
|---|--|--|-------------------------------------|--|
| Name of Financial Institution: | | | | |
| Financial Institution Physical Address: <small>Number and Street</small> <small>City</small> <small>State</small> <small>Zip Code</small> | | | | |
| Checking Account Number (maximum 17 digits): | | | Transit / ABA Number (nine digits): | |
| <p align="center">YOU MUST ATTACH A VOIDED CHECK.</p> <p>If you have any questions regarding your checking account information, please contact your financial institution.</p> | | | | |